

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 14.1

**DATE:** June 15, 2011

**ACTION REQUESTED:** Information only: BRN survey of California Nurse Practitioners, Certified Nurse-Midwives and Clinical Nurse Specialists

**REQUESTED BY:** Judy L. Corless, RN, BSN  
Chair, Practice Committee

**BACKGROUND:**

The BRN commissioned the University of California San Francisco (UCSF), Center for the Health Professions to complete a survey of California Nurse Practitioners, Certified Nurse-Midwives and Clinical Nurse Specialists. The purpose of the survey was to learn information about demographics, education, employment, practice and standardized procedure use from these advanced practice nurses in California.

A report is being drafted and Dr. Joanne Spetz from UCSF will be in attendance to provide a presentation of some of the highlights of the data.

**NEXT STEPS:** Finalize report and place on the BRN website.

**FISCAL IMPLICATIONS, IF ANY:** None

**PERSON(S) TO CONTACT:** Julie Campbell-Warnock  
Research Program Specialist  
(916) 574-7681

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 14.2

**DATE:** June 15, 2011

**ACTION REQUESTED:** Registered Nursing Advisories

**REQUESTED BY:** Judy L. Corless, RN, BSN  
Chair, Nursing Practice Committee

**BACKGROUND:**

Registered nurse advisories are available at [www.rn.ca.gov](http://www.rn.ca.gov). When using the BRN home page, locate the cursor on the left hand side of the page, titled "Practice Information". Then locate the cursor over "registered nurse" for a listing of advisories.

The liaison to the Practice Committee with assistance from the board staff have been updating BRN advisories utilizing the California Nursing Practice Act with Regulations and Related Statutes 2011 edition, and California Law found at [www.leginfo.ca.gov](http://www.leginfo.ca.gov) as resources. Published nursing textbooks and nursing periodical may also be used as reference.

Legal had opportunity to review the RN advisories and provide change as determined. The below advisories are now available for the Board review and approval.

Clinical Learning Experiences **Prelicensure** Nursing Students: prelicensure add, no content change.

Dual Licensure: changes to Nursing Assistant and Home Health Aide requirements.

The RN as First Assistant to the Surgeon: update AORN Standards and Standardized Procedures

With Board approval, the following advisories will be posted to the BRN website:

- Clinical Learning Experiences Prelicensure Nursing Students
- Dual Licensure
- The RN as the First Assistant to the Surgeon

**NEXT STEPS:** Board approves place on BRN Website

**FISCAL IMPLICATIONS, IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, RN  
Supervising Nursing Education Consultant  
(916) 574-7686



## **Clinical Learning Experiences Prelicensure Nursing Students**

The Board of Registered Nursing is statutorily authorized to interpret, implement, and enforce the Nursing Practice Act and its regulations. Business and Professions Code Section 2729 statutorily authorizes that nursing services may be rendered by a student nurse when these services are incidental to the course of study when the nursing student is enrolled in a board-approved nursing program.

Nursing faculty of a California board approved nursing program are authorized by the above law to initiate and continue to allow nursing student's clinical education functions including administration of medication. The role of the nursing faculty is to provide direct and indirect supervision of nursing students in all clinical activities. The Board of Registered Nursing has relied on Business and Professions Code Section 2729 and does not consider nursing students as unlicensed assistive personnel for the purpose of clinical nursing education.

Faculty determines the amount of supervision to provide to any individual nursing student. When determining the appropriate level of supervision, faculty must consider the severity and stability of the assigned patient, the patient's condition, as well as the student's competency and ability to adapt to changing situations in the clinical setting. Faculty should also consider the types of treatments, procedures, and medications to be administered to the patient. When engaged in clinical learning experiences, the nursing student is under the supervision of the clinical faculty and the RN in the facility. Both the clinical faculty and the RN in the clinical facility are responsible for the quality of care delivered by students under their supervision.

Expanding clinical technology such as electronic medical records, medication distribution systems, and bar-coding electronic medication administration processes require faculty and nursing students to attend training sessions allowing them to gain the knowledge necessary to use these systems. The board expects nursing faculty to ensure that the learning experiences chosen provide the student with the opportunity to develop those skills necessary to ensure that they will become safe, competent practitioners. Since these technologies are here today and will be a future part of healthcare delivery, faculty and nursing students must have hands on experiences with these systems while learning to provide registered nursing care to patients.

If questions arise regarding RN practice or nursing student authority to perform registered nursing functions while enrolled in a California approved nursing program, do not hesitate contacting the Board of Registered Nursing at [www.rn.ca.gov](http://www.rn.ca.gov).

## Clinical Learning Experiences Nursing Students

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**BRN Position:** Nursing faculty of a California board approved nursing program is authorized by the above law to initiate and continue to allow nursing student's clinical education functions including administration of medication. The role of the nursing faculty is to provide direct and indirect supervision of nursing students in all clinical activities. The Board of Registered Nursing has relied on Business and Professions Code Section § 2729 and does not consider nursing students as unlicensed assistive personnel for the purpose of clinical nursing education.

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## **DUAL LICENSURE**

### **THE RN AS LICENSED VOCATIONAL NURSE OR NURSING ASSISTANT**

#### **RN AS LVN:**

The Board has been asked whether a person holding both current registered nursing (RN) and licensed vocational nursing (LVN) licenses may legally accept a position as an LVN. It is legal for the holder of both licenses to practice as an LVN. However, we caution the RN accepting such a position that although the LVN job description may limit the scope of practice of the dual licensee while functioning in a particular position, it is the position of this Board that, regardless of employment status, the RN is required to act as a patient advocate and to provide care that is in the best interest of the patient.

*THE ABOVE IS REPRINTED FROM THE BRN REPORT -- WINTER 1994*

#### **RN AS NURSING ASSISTANT OR HOME HEALTH AIDE:**

Effective immediately, August 31, 2010, ATCS will allow California Licensed Nurses and Psychiatric Technicians to obtain certification as a Nurse Assistant if they meet the equivalency requirements set forth by the California Health and Safety Code, section 1337.2 (c).

In order for California licensed nurses or psychiatric technicians to receive certification in California as nurse assistant, the following must be received by the Department:

- Complete Nurse Assistant and/or Home Health Aide Initial Application(HS283B); and
- Complete BCII 8016 Live Scan form; and
- Official transcript of training. If discharge from military, a copy of the DD-214 can substitute for the official transcript; and
- Proof of work providing nursing services, for compensation, in the last two (2) years (not required for nursing students or if the college degree in the last two (2) years)

Automated telephone inquiry for Certified Nursing Assistant, Home Health Aid, Hemodialysis Technician and ICF-DD Direct Care Provider Registry line.

Department of Public Health  
Licensing and Certification Section  
Sacramento, CA 94234-4320  
Telephone: (916) 327-2445  
Fax: (916) 552-8785  
E-mail: [cna@cdph.ca.gov](mailto:cna@cdph.ca.gov)



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***THE ABOVE IS REPRINTED FROM THE BRN REPORT -- WINTER 1994***

#### **RN AS NURSING ASSISTANT OR HOME HEALTH AIDE:**

In a statement issued January 2, 1996 by the Department of Health Services, it was stated that: "It is the policy of Aide and Technician Certification Section (ATCS) to permit WITHOUT CERTIFICATION, the LVN, RN, or LPT to work as a Nurse Assistant (NA) or Home Health Aide (HHA). These individuals, for purposes of this policy, are person holding a California license as an RN, LVN, or LPT in active and good standing.

"An LVN, RN, or LPT receive more training and education, has higher skills level and scope of practice than an NA or HHA so it follows that certification for less is unnecessary and redundant. THEREFORE, ATCS WILL NOT ISSUE CERTIFICATES TO THESE INDIVIDUALS."

Questions regarding this policy should be directed to:

Department of Health Services  
Licensing and Certification Section  
PO Box 942732  
Sacramento, CA 94234-4320  
or call (916) 327-2445.





## THE RN AS FIRST ASSISTANT TO THE SURGEON

Association of periOperative Registered Nurses, AORN Standards and Recommended Practices: [www.aorn.org](http://www.aorn.org)

AORN-RN First Assistant: <http://www.aorn.org/CareerCenter/CareerDevelopment/RNFirstAssistant/>

AORN Standards for RN First Assistant Education Program are available AORN Perioperative Standards and Recommended Practices. See above website.

The role of RN first assistant to the surgeon requires the performance of a combination of nursing and medical functions. The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks. The RN first assistant may provide other advanced assistance, such as mobilization of tissue, patient positioning and directing other surgical team members with specific individual tasks. The RN first assistant, practices perioperative nursing and must have acquired the necessary specific knowledge, skills and judgment. The RN first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience. In order to perform those functions considered to be first assistant to the surgeon, the RN must adhere to standardized procedures.

### STANDARDIZED PROCEDURES FOR MEDICAL FUNCTIONS

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrator in either a licensed health facility or an organized health care system which is a licensed health **facility where the standardized procedures are to be used. A licensed health facility is defined as a facility licensed under Chapter 2 (commencing with section 1250) of Division 2 of the Health and Safety Code. An organized health care system which is not licensed health facility under Chapter 2 of Division 2 of the Health and Safety Code includes clinics, home health agencies, physicians' offices, and public or community health services.** Because of this interdisciplinary collaboration, there is accountability on several levels for the activities to be performed by the registered nurse.

### GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES

Standardized procedures are not subject to prior approval by the boards that regulate nursing and medicine, however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16 CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision there of.
- (b) Each standardized procedure shall:
  - 1) **Be in writing, dated and signed by the organized health care system** personnel authorized to approve it.
  - 2) Specify **which standardized procedure functions** registered nurses may perform and under what circumstances.
  - 3) State any specific **requirements which are to be followed** by registered nurses in performing particular standardized procedure functions.

- 4) Specify any **experience, training and/or education** requirements for performance of standardized procedure functions.
- 5) Establish a method for initial and continuing **evaluation** of the competence of those registered nurses authorized to perform standardized procedure functions.
- 6) Provide for a method of maintaining a written record of those **persons authorized to perform** standardized procedure functions.
- 7) Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.
- 8) Set forth any specialized circumstances under which the registered nurse is to immediately **communicate with a patient's physician** concerning the patient's condition.
- 9) State the limitations on **settings**, if any, in which standardized procedure functions may be performed.
- 10) Specify patient **record-keeping** requirements.
- 11) Provide for a method of **periodic review** of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a **requirement that the nurse be currently capable** to perform the procedure. The registered nurse who undertakes a procedure without the competence to do so is grossly negligent and subject to discipline by the Board of Registered Nursing.





## THE RN AS FIRST ASSISTANT TO THE SURGEON

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The role of RN first assistant to the surgeon requires the performance of a combination of nursing and medical functions. The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks. The RN first assistant may provide other advanced assistance, such as mobilization of tissue, patient positioning and directing other surgical team members with specific individual tasks. The RN first assistant practices perioperative nursing and must have acquired the necessary specific knowledge, skills and judgment. The RN first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience. In order to perform those functions considered to be first assistant to the surgeon, the RN must adhere to standardized procedures. The RN first assistant does not concurrently function as a scrub nurse.

The RN first assistant is not the same as an individual designated to perform scrub functions. A “scrub technician” is any individual not licensed to practice professional nursing who passes the surgeon the surgical instruments, sponges, and other items needed during the surgical procedure. The Board has interpreted that a non-licensed individual may perform scrub functions only as an assigned technical function under the direct supervision of a perioperative registered nurse.

Criteria for education of the registered nurse in the role of surgical first assistant would include theory and clinical to provide demonstrated competency in:

- Performing individualized surgical care management before, during and after surgery.
- Surgical anatomy and physiology and surgical technique related to first assisting.
- Carrying out intraoperative behaviors including handling tissue, providing exposure, using surgical instruments, suturing and controlling blood loss.
- Application of principles of asepsis and infection control.
- Recognizing surgical hazards and initiation of appropriate corrective and preventative actions.

It is recommended that RNs qualifying as first assistants have documented proficiency in perioperative nursing practice in both a scrub and circulation roles. It is important to be aware that although the RN may perform the first assistant’s surgical duties, the RN does not possess the same medical surgical knowledge, skill, and judgment that a surgeon does and provisions should be made to protect the consumers’ health in the event the surgeon could not continue for any reason.

### ESTABLISHMENT OF CLINICAL PRIVILEGES FOR THE RN FIRST ASSISTANT

The process of granting clinical privileges should include the following mechanisms:

- assessing individuals qualifications for practice
- assessing initial and yearly proficiency performance
- assessing compliance with institutional and departmental policies
- defining lines of accountability
- quality improvement methods including peer review

### STANDARDIZED PROCEDURES FOR MEDICAL FUNCTIONS

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrators in the **organized health care system** in which it is to be used. Because of this interdisciplinary collaboration, there is accountability on several levels for the activities to be performed by the registered nurse. Section 2725 defines “organized health care systems” include, but are not limited to, licensed health facilities, clinics, home health agencies, physician’ offices, and public or community health services.

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An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a **requirement that the nurse be currently capable** to perform the procedure. The registered nurse who undertakes a procedure without the competence to do so is grossly negligent and subject to discipline by the Board of Registered Nursing.

## **STANDARDIZED PROCEDURE EXAMPLES**

The attached examples are not required formats. The Board of Registered Nursing does not recommend or endorse the medical/surgical management of these example protocols.

### **RNFA STANDARDIZED PROCEDURE**

#### **I. Standard**

The RN First Assistant renders direct patient care as part of the perioperative role by assisting the surgeon in the surgical treatment of the patient. The responsibility of functioning as first assistant must be based on documented knowledge and skills acquired after specialized preparation and formal instruction.

## II. Policy

- A. The safety and welfare of the patient should be given primary consideration in the selection of a first assistant in surgery. In the absence of a qualified physician, the registered nurse who possesses appropriate knowledge and technical skills is the best qualified non-physician to serve as the first assistant.
- B. The RNFA practices under the direct supervision of the surgeon during the surgical intervention.
- C. The RNFA must perform only as first assistant and not concurrently as scrub nurse.
- D. Only in extreme emergencies should an RNFA be expected to assist on procedures that present an unusual hazard to life.
- E. The RNFA must adhere to the policies of the institution and must remain within the scope of practice as stated by the Nursing Practice Act of the State of California.
- F. The RNFA may perform technical functions:
  - 1. Assist with the positioning, prepping and draping of the patient or perform these independently, if so directed by the surgeon.
  - 2. Provide retraction by:
    - a. Closely observing the operative field at all times.
    - b. Demonstrating stamina for sustained retraction.
    - c. Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
    - d. Managing all instruments in the operative field to prevent obstruction of the surgeon's view.
    - e. Anticipating retraction needs with knowledge of the surgeon's preferences and anatomical structures.
  - 3. Provide hemostasis by:
    - a. Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
    - b. Sponging and utilizing pressure as necessary.
    - c. Utilizing suctioning techniques.
    - d. Applying clamps on superficial vessels and the tying off, electrocoagulation of them as directed by the surgeon.
    - e. Placing suture ligatures in the muscle, subcutaneous, and skin layers.
    - f. Placing hemoclips on bleeders as directed by the surgeon.
  - 4. Perform knot tying by:
    - a. Having knowledge of the basic techniques.
    - b. Tying knots firmly to avoid slipping.
    - c. Avoiding undue friction to prevent fraying of suture.
    - d. Carrying knot down to the tissue with the tip of the index finger and laying the strands flat.
    - e. Approximating tissue rather than pulling tightly to prevent tissue necrosis.
  - 5. Provide closure of layers by:
    - a. Correctly approximating the layers under the direction of the surgeon.
    - b. Demonstrating a knowledge of different types of closure.
    - c. Correctly approximating skin edges when utilizing skin staples.
  - 6. Assist the surgeon at the completion of the procedure by:
    - a. Affixing and stabilizing all drains.
    - b. Cleaning the wound and applying the dressing.
    - c. Assist with applying casts or plaster splints.

NOTE: The above specifications are general guidelines and do not reflect all duties in all specialty areas. Therefore, they should not preclude the performance of other duties which, in the judgment of the surgeon, can be successfully accomplished by the RN First Assistant. However, the RN First Assistant must know his/her limitations and may refuse to perform those functions for which he/she has not been prepared or which he/she does not feel capable of performing.

### STANDARDIZED PROCEDURE

<b>Procedure:</b>	Intraoperative Retracting
<b>Personnel:</b>	Registered Nurse First Assistants
<b>Purpose:</b>	To direct the RNFA in providing retraction of the surgical field
<b>Desired Outcome:</b>	Adequate surgical exposure without subsequent tissue/organ compromise.
<b>Supportive Data:</b>	Selection and placement of an appropriate retraction instrument will assist the surgeon by providing exposure and optimum visualization of the surgical site.
<b>Process:</b>	<p>The RNFA will assist the surgeon by providing intraoperative retraction using the following measures:</p> <ol style="list-style-type: none"><li>1. Retracting tissues or organs by the use of the hand.</li><li>2. Placing and holding surgical retractors.</li><li>3. Packing sponges or laporotomy pads into body cavities to hold tissues and organs out of the operative field.</li><li>4. Managing all instruments in the operative field to prevent obstruction of the surgeon's view.</li></ol>

### STANDARDIZED PROCEDURE

<b>Procedure:</b>	Intraoperative Wound Closure
<b>Personnel:</b>	Registered Nurse First Assistants
<b>Purpose:</b>	To direct the RNFA in providing proper suturing of tissue during a surgical procedure.
<b>Desired Outcome:</b>	Tissue will heal as expected without complications from the suturing process.
<b>Supportive Data:</b>	Proper suturing is vital to insure hemostasis, wound alignment, and tissue healing.
<b>Process:</b>	<p>The RNFA will suture tissue, using instruments and suture material as directed by the surgeon, by:</p> <ol style="list-style-type: none"><li>1. Correctly approximating tissue layers.</li><li>2. Approximating tissue appropriately to avoid excess tension and tissue necrosis.</li><li>3. Tying knots firmly to avoid slipping.</li><li>4. Using staples, clips, or other devices to approximate tissue.</li></ol>

### STANDARDIZED PROCEDURE

<b>Procedure:</b>	Intraoperative Hemostasis
<b>Personnel:</b>	Registered Nurse First Assistants
<b>Purpose:</b>	To direct the RNFA in providing Hemostasis of the surgical field.
<b>Desired Outcome:</b>	Minimal blood loss during surgery.

**Supportive Data:** Providing a dry operative field promotes adequate visual assessment and access to the surgical site. Effective hemostasis is essential to carry out surgery in a time-efficient manner and to prevent excessive blood loss.

**Process:** The RNFA will assist the surgeon by providing intraoperative hemostasis using the following measures:

1. Aspiration of blood and other fluids from the operative site, as directed by the surgeon.
2. Sponging the wound or other area of dissection, as directed by the surgeon.
3. Using hemostasis or other surgical instruments to clamp bleeding tissue, as directed by the surgeon.
4. Using sutures to tie off clamped blood vessels or other tissue, as directed by the surgeon.
5. Using electrocautery or other surgical device to cauterize tissue, or surgical instruments clamped to tissue.
6. Place hemoclip, or other ligating devices on vessels or tissue, as directed by the surgeon.

### **STANDARDIZED PROCEDURE**

**Procedure:** Intraoperative Tissue Manipulation

**Personnel:** Registered Nurse First Assistants

**Purpose:** To direct the RNFA in the manipulation of tissue and use of surgical instruments during a surgical procedure.

**Desired Outcome:** No tissue damage due to improper handling, or use of surgical instruments.

**Supportive Data:** Proper handling of tissue and selection and use of surgical instruments is essential to proper treatment of tissue and rapid healing of the surgical site.

**Process:** The RNFA will use surgical instruments and suture material to manipulate tissue, as directed by the surgeon, to:

1. Expose and retract tissue.
2. Clamp and sever tissue.
3. Grasp and fixate tissue with screws, staples, and other devices.
4. Drill, ream, and modify tissue.
5. Cauterize and approximate tissue.

### **PROCEDURE FOR THE RNFA IN THE EVENT THE SURGEON BECOMES INCAPACITATED OR NEEDS TO LEAVE FOR AN EMERGENCY DURING SURGERY**

1. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the responsibility of the RNFA is to:
  - a. Maintain hemostasis, according to the approved standardized procedure.
  - b. Keep the surgical site moistened, as necessary, according to the type of surgery.
  - c. Maintain the integrity of the sterile field.
  - d. Remain scrubbed in appropriate attire (gown, mask, gloves, cap).
  - e. Remain at the field while a replacement surgeon is being located.
2. The RN circulator will initiate the procedure for obtaining a surgeon in an emergency.

<b>MEDICAL CENTER: NURSING Operating Room</b>	<b>POLICY/PROCEDURE TITLE:</b> Standard Procedure for Registered Nurse First Assistant		
<b>DISTRIBUTE TO:</b>	<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> CLINICAL	PAGE 1 OF 2
<b>RELATED TO:</b> <input type="checkbox"/> Hospital Instruction (HU) <input checked="" type="checkbox"/> Nursing Practice Stds. <input type="checkbox"/> JCAHO NC.1 - 1.2.1 <input type="checkbox"/> Patient Care Stds. <input type="checkbox"/> QA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Title 22	Effective Date:                      Revision Date: Unit/Department of Origin: Approved by: Interdisciplinary Practice Committee  File Name: ORNURSE.p&p		

**I. PURPOSE:**

This standardized procedure will provide guidelines for the registered nurse assisting the surgeon in the first assistant role.

**II. POLICY STATEMENT:**

The RNFA may function in the expanded role, provided in this standardized procedure, which is approved by the Interdisciplinary Practice Committee. This role requires the direct supervision of the sponsoring primary surgeon.

**III. GENERAL GUIDELINES:**

A. The RNFA will assist the surgeon by providing intraoperative retraction giving exposure and optimum visualization of the surgical site as directed by the surgeon.

1. Retracting tissue or organs by the use of the hand, closely observing the operative field at all times.
2. Placing or holding surgical retractors in the position set by the surgeon with regard to surrounding tissue.
3. Packing sponges into body cavities to hold tissue or organs out of the operative field.
4. Managing all instruments in the operative field to prevent obstruction of the surgeons views.

B. The RNFA will assist the surgeon by providing intraoperative hemostasis promoting adequate visual assessment and access to the surgical site as directed by the surgeon.

1. Aspiration of blood and other fluids from the operative site using suctioning techniques.
2. Sponging the wound and utilizing pressure as directed.
3. Placing hemostats on other instruments to clamp tissue or bleeding vessels.
4. Applying electrocautery tip to clamps or vessels as directed.
5. Placing suture ligatures on vessels or tissue as directed.
6. Perform knot tying firmly to avoid slipping.

- C. The RNFA will use surgical instruments to perform dissection or manipulate tissue as directed by the surgeon.
  - 1. Dissects only those layers required to provide exposure to the operative area as directed.
  - 2. Dissect only the superficial tissue of lower extremity veins during cardiac or vascular surgery as directed.
  - 3. Grasps and fixates tissue with staples or screws.
  - 4. Drills and modifies bone tissue as directed.
- D. The RNFA will suture tissue and insure hemostasis or wound alignment as directed by surgeon.
  - 1. Approximating tissue layers as directed to avoid excess tension or tissue necrosis.
  - 2. Uses suture, staples, skin clips or other devices to correctly approximate tissue.

IV. REQUIREMENTS FOR RN PRIVILEGED IN THEIR EXPANDED ROLE:

- A. Will meet all requirements of the hospital Non-physician/Non-Employee Policy.
- B. Certified in basic Cardiopulmonary life support.
- C. Nationally certified operating room nurse through the Association of Operating Room Nurses (AORN).
- D. Minimum of three (3) years of operating room experience in both the scrub and circulating roles.
- E. Proof of successful completion of a structured RNFA course and completion of 20 hours or 10 cases of proctoring by the sponsoring surgeon.
- F. Will receive approval from the surgical sub-specialty of the sponsoring physician.
- G. Will be evaluated by the hospital staff for compliance to OR policies and by the sponsoring surgeon annually.

V. DEVELOPMENT AND APPROVAL OF STANDARDIZED PROCEDURE:

- A. This policy will be developed and approved by authorized representatives of administration, medicine, and nursing.
- B. This standardized procedure will be reviewed and approved every three years.

- 1. Administration \_\_\_\_\_ Date \_\_\_\_\_
- 2. Medicine \_\_\_\_\_ Date \_\_\_\_\_
- 3. Nursing \_\_\_\_\_ Date \_\_\_\_\_

VI. RN'S AUTHORIZED TO PERFORM STANDARDIZED PROCEDURE:

- 1. \_\_\_\_\_ Date \_\_\_\_\_
- 2. \_\_\_\_\_ Date \_\_\_\_\_
- 3. \_\_\_\_\_ Date \_\_\_\_\_



**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 14.3

**DATE:** June 15, 2011

**ACTION REQUESTED:** Nurse Practitioner Advisories

**REQUESTED BY:** Judy L. Corless, RN, BSN  
Chair, Practice Committee

**BACKGROUND:**

Nurse Practitioner advisories are available at [www.rn.ca.gov](http://www.rn.ca.gov). When using the BRN home page, locate the cursor on the left hand side of the page, titled "Practice Information". Then locate the cursor over "Nurse Practitioner" for a listing of advisories.

The liaison to the Practice Committee, with assistance from the board staff, has been updating BRN advisories utilizing the California Nursing Practice Act with Regulations and Related Statutes 2011 edition, and California Law, found at [www.leginfo.ca.gov](http://www.leginfo.ca.gov), as resources. Published nursing textbooks and nursing periodical may also be used as reference.

Legal had opportunity to review the Nurse Practitioner Advisories and provide changes as determined. The below advisories are now available for the board review and acceptance. The Practice Committee presents the updated advisories. Attached documents include the changes identified by watermark draft and watermark deleted.

Frequently Asked Question About Nurse Practitioner Practice: updating content.

Medi-Cal Billing: Certified Nurse Practitioner, Nationally Certified in a Specialty, no change  
Nurse Practitioner Schedule II Controlled Substance Education Requirement Prior to Applying to the DEA for Schedule II Authority. No changes.

With Board approval, the following advisories will be posted to the BRN website:

- Frequently Asked Questions About Nurse Practitioner Practice
- Medi-Cal Billing: Certified Nurse Practitioner, Nationally Certified in a Specialty
- Nurse Practitioner Schedule II Controlled Substance Education Requirement Prior to Applying to the DEA for Schedule II Authority.

**NEXT STEPS:** Board approves place on BRN Website

**FISCAL IMPLICATIONS, IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, RN  
Nursing Education Consultant  
(916) 574-7686



## FREQUENTLY ASKED QUESTIONS REGARDING NURSE PRACTITIONER PRACTICE

### Practice Questions

- ***Do my patient charts need to be countersigned by a physician?***  
The Nursing Practice Act (NPA) does not require physician countersignature of nurse practitioner charts. However, other statutes or regulations, such as those for third party reimbursement, may require the physician countersignature. Additionally, some malpractice insurance carriers require physicians to sign NP charts as a condition of participation. Standardized procedures may also be written to require physicians to countersign charts.
- ***Can a nurse practitioner dispense medications? If so, what laws should the nurse practitioner know about to perform this function?***  
Business and Professions (B&P) Code Section 2725.1 allows registered nurses to dispense (hand to a patient) medication, except controlled substances, upon the valid order of a physician in primary, community and free clinics.  
  
AB 1545, Chaptered 914 (Correa) amended Section 2725.1 to enable NPs to dispense drugs, including controlled substances, pursuant to a standardized procedure or protocol in primary, community and free clinics. Pharmacy law, Business and Professions Code, Section 4076 was amended to include NPs dispensing using required pharmacy containers and labeling. This new law became effective January 1, 2000.
- ***Is a nurse practitioner practicing illegally when the physician supervisor is more than 50 miles away?***  
The mileage between the nurse practitioner and the supervising physician is not specifically addressed in the NPA. However, the physician should be within a geographical distance, which enables her/him to effectively supervise the nurse practitioner in the performance of the standardized procedure functions.
- ***Does the nurse practitioner need a physician supervisor who is approved by the medical board?***  
No. Nurse practitioner laws do not require that the physician supervisor be approved by the Medical Board.
- ***I am a pediatric nurse practitioner and the physician wants me to start treating adults. I feel comfortable treating adults, so can we develop standardized procedures to cover this new population, diagnosis/treatments and furnishing?***  
You must first be clinically competent by **receiving appropriate graduate academic education** to provide care to the new **adult** patient population. Clinically competent is defined in California Code of Regulations (CCR) Section 1480(c) as "...to possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. In this instance, you would have to demonstrate knowledge and skills comparable to those of an adult nurse practitioner. Clinical competence in this new **adult** specialty can be achieved by successful completion of theory course(s) and a supervised clinical practicum at an advanced level.



Once **the adult population** competency is achieved in an academic program the nurse practitioner; and as required by Standardized Procedure Guidelines (CCR 1474); the standardized procedures for the adult population must specify the education, training, and experience which enables the NP to diagnose and treat the adult population. The method used to establish initial and continuing evaluation of your competence to perform the standardized procedure functions must also be specified.

➤ ***How often do my standardized procedures need updating?***

The standardized procedures should be updated frequently enough to ensure that patients are receiving appropriate care. Factors to consider in making the determination include, but are not limited to, patient population and acuity, treatment modalities, and advances in technology pharmacology and technology.

➤ ***Can I adopt my nurse practitioner program's standardized procedures as my own when I go out into practice?***

If the nurse practitioner program's standardized procedures meet the requirements of the Standardized Procedure Guidelines (CCR 1474) and are approved by nursing, administration, and medicine at the agency, then they may be used.

➤ ***I am a geriatric nurse practitioner and work with a physician who has patients in a number of nursing homes. We have developed standardized procedures for the medical care I will be providing in these facilities. Do the standardized procedures have to be approved by each facility?***

Yes. Standardized procedures are agency specific and must be approved by nursing, administration and medicine in the agency in which they are used.

➤ ***I am certified as a nurse practitioner by a national certifying body. Do I need to apply to the BRN for a nurse practitioner certificate?***

Yes, you do if you use the title "Nurse Practitioner" (NP) because BRN certification is required if you "hold out" as an NP in California. You also need to apply to the BRN for a certificate if you are certified in another state as an NP and wish to use that title in California.

➤ ***Can a nurse practitioner develop and use standardized procedures with a chiropractor? Can the nurse practitioner furnish drugs and devices to these patients?***

No. The law restricts use of standardized procedures to performance of medical functions. Therefore, the standardized procedures cannot be developed by the nurse practitioner and chiropractor. However, the chiropractor can be part of the interdisciplinary team including the supervising physician, which must include nursing, administration, and medicine, that develops the standardized procedures. Nurse practitioners may not furnish drugs or devices to the patients of a chiropractor. The nurse practitioner furnishing law requires that the standardized procedures or protocols be developed by the nurse practitioner and his or her supervising physician and surgeon, (B&P Code Section 2836.1).



- ***May I call myself a nurse practitioner once I have completed my nurse practitioner program?***  
No. You cannot use the title nurse practitioner until you have been certified by the BRN as a nurse practitioner. Furthermore, registered nurses who use the title without BRN certification subject their licenses to Board discipline.
- ***I am a nurse practitioner and I do not have a nurse practitioner furnishing number. Can I still “furnish” medications for patients using a standardized procedure?***  
No. There is explicit statutory language related to furnishing of drugs and devices by nurse practitioners. The furnishing of drugs and devices by nurse practitioners is conditional on issuance of a furnishing number to the nurse practitioner by the BRN. The furnishing number must be included on all nurse practitioner prescriptions transmittal order forms.
- ***Can a nurse practitioner request and sign for complimentary samples of dangerous drugs and devices from a manufacture’s sales representative?***  
Yes. The certified nurse practitioner and the certified nurse midwife may sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocol that has been approved by the physician. (SB 1558, Figueroa Chapter 263 effective August 24, 2002).
- ***Can the certified nurse practitioner and the certified nurse midwife supervise Medical Assistants?***  
Yes. In certain community and or free clinics, a nurse practitioner can be authorized by the physician in an approved standardized procedure to supervise a medical assistant.  
  
Business and Professions Code Section 2069(a)(1) and Health and Safety Code 1204 state: a supervising physician and surgeon at a community clinic or free clinic as licensed pursuant to Health and Safety Code 1204 may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon are not on the site. This delegation to the nurse practitioner or nurse midwife is limited to those licensed clinics under Health and Safety 1204.
- ***Can the nurse practitioner cosign worker’s compensation claimant report?***  
Yes. The certified nurse practitioner may cosign Doctor’s First Report of Occupational Injury or Illness for a workers’ compensation claim to receive time off from work for a period not to exceed three (3) calendar days if that authority is included in standardized procedures or protocols. The treating physician is required to sign the report and to make any determination of any temporary disability. (AB 2919 (Ridley-Thomas) extends the operations of this provision indefinitely).



## Furnishing Questions

➤ ***What is a formulary?***

A formulary is generally regarded as a drug compendium reference utilized by facilities or health plans as a reference. The drug name, dosage, clinical indications, and complications/adverse reactions are generally included. It is most common for the health insurer to identify by means of a formulary those drugs and devices covered by the plan. Nurse practitioners using furnishing numbers can identify a formulary in their furnishing standardized procedure.

➤ ***What are the requirements for an NP to furnish or order Schedule II controlled substances?***

The NPs standardized procedure and protocols address the diagnosis of illness, injury or condition for which the Schedule II controlled substance is to be furnished. The standardized procedure or protocol for Schedule II contains patient-specific protocol approved by the treating physician. The NP with a current furnishing number, and DEA registration, completes as a part of his or her continuing education requirement, a course including Schedule II controlled substances based on the standards developed by the BRN. (AB 1196 Montañez Chapter 748 1/2004)

➤ ***What is a “patient-specific protocol” for Schedule II and III, controlled substances?***

The patient-specific protocol required for nurse practitioners to furnish Schedule II and III controlled substances, as defined in Health and Safety Code 11055 and 11056, is a protocol, contained within the standardized procedure or protocols that specify which categories of patients may be furnished this class of drugs. The protocol may state other limitations, such as the amount of substance to be furnished, and/or criteria for consultation. (AB 1196 Montañez Chapter 748 1/2004)

➤ ***In my furnishing procedure, do I need to list the drugs and devices that can be furnished or can I use categories of drugs?***

No, categories of drugs cannot be used for furnishing drugs and devices by standardized procedure. Business and Professions Code 2836.1 (c) (1) the standardized procedures or protocols covering the furnishing of drugs and devices shall specify which nurse practitioner may furnish or order drugs and devices, which drugs and devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provision of the standardized procedures.

Nurse practitioners using furnishing numbers can identify a formulary in their furnishing standardized procedure. The drug name, dosage, clinical indications, and complications/adverse reactions should be included.

➤ ***How many nurse practitioners, with a furnishing number, may a physician supervise at one time within a medical practice?***

Business and Professions Code 2836.1 (e) no physician or surgeon shall supervise more than four nurse practitioners at one time when they are furnishing by approved standardized procedure.





- ***I am certified as both a nurse practitioner and a nurse midwife. Do I need to have two furnishing numbers?***

The BRN does not require you to maintain two furnishing numbers. NPs and CNMs are required to have approved furnishing standardized procedures. However, the furnishing laws are different in their authorizations.

### DEA Questions

- ***The DEA application asks for “State License No.”. Which number, RN license number or NPF number, should the NP put on the application?***

The DEA requires the RN license number and the NPF number.

- ***The DEA application asks for a business address. Can the NP use a work address or personal address?***

The DEA requires a business address that is the physician's address, clinic's address, or primary site of practice address for the DEA Registration Number. The DEA Number requires a primary practice and clinic site specific business address for dispensing, prescribing and administering purposes. If you leave your place of employment and work for another practice, you must submit written notification to the DEA Office with a copy of your DEA Number, the California RN license and the NP Furnishing Number certificate. If the physician, health system or office clinic has two or more locations (i.e.: more than one business address), the primary clinical address site should be referenced for the DEA Registration Number. If you are employed in more than one and/or different practice/clinic settings, or change to another practice setting or clinic, you must submit a written request for change of address to the DEA where your primary place of employment is located.

- ***Does the NP need a furnishing number issued by the BRN to obtain a DEA number?***

Yes. An NPF number is required to obtain a DEA number for Schedule II through V controlled substances. (AB 1196 Montañez Chapter 748 1/2004 added Schedule II controlled substances)

The provisions of SB 816 added “order” to Business and Professions Code, Section 2836.1. SB 816 did not change the requirement to furnish using standardized procedures for controlled substances, Schedule III, IV, and V.

- ***Does having a DEA number eliminate the need for a furnishing number?***

No. The DEA number only allows NPs to write, “order”, controlled substances, Schedule II through V. NPs are required to have a furnishing number to make drugs and devices available to their patients using a transmittal form and are to be furnished pursuant to approved standardized procedures. DEA registration numbers are site specific and used by the DEA for tracking prescribing of controlled substances.

- ***On the DEA application, it asks “Administer, Dispense, Prescribe”. Can an NP, as a result SB 816 and now 1/2004 AB 1196 Montañez Chapter 748, prescribe?***

Yes. The B&P Code refers to furnishing or ordering a Schedule II through V controlled substance for the purposes of obtaining DEA registration.

- ***Are NPs now considered “prescribers”?***

For the purpose of obtaining a DEA number for (ordering) Schedule II through V, the NP with a furnishing number is considered by the DEA to be a prescriber.



➤ ***Can the NP with a furnishing number use the physician's DEA number?***

No. The NP with a furnishing number may not use the physician's DEA number. The DEA requires the nurse practitioner with a furnishing number to obtain his or her own DEA number to furnish controlled substances.

➤ ***What is required to be printed on the prescription pad/transmittal order/drug order for Schedule II through V?***

When furnishing a controlled substance, Schedule II through V, write the "order" and include your name, title, furnishing number, and DEA number. The name of the prescriber or the name of the certified NP, who functions pursuant to standardized procedures, should also be included.

➤ ***How long is a controlled substance prescription (Schedule II through V) valid?***

The controlled substance prescription is valid for 6 months from the date of issuance. (SB 151 Burton Chapter 406 1/2004)

➤ ***Do nurse practitioners have prescriptive authority and can nurse practitioners get DEA numbers?***

Furnishing is a delegated authority and is done in accordance with approved standardized procedures. Physician supervision is required and the physician must be available, at least by telephonic means, at the time the nurse practitioner examines the patient.

AB 1196 Montañez Chapter 748 1/2004 expands NP furnishing to Schedule II controlled substances that require a United States Drug Enforcement Registration in addition to the Schedule III through V. This new law requires use of a triplicate form and in July 1, 2004, DEA authorized NPs may use the new controlled substance prescription forms for Schedule II controlled substances prescriptions. January 1, 2005, triplicate prescription forms are no longer valid and all written controlled substance prescriptions (oral or faxed for Schedule II through V are permitted) shall be on controlled substance prescription forms. (SB 151, Burton 406 1/2004).

SB 816, Chapter 749, (Escutia), effective January 1, 2000, authorizes NPs with furnishing certificates to apply for a DEA number and furnish or order Schedule III through V controlled substances. The new law added "order" and "drug order" to Section 2836.1. The intent of this legislation is that furnishing can now be known as an "order", and can be considered the same as an "order" initiated by the physician.

The Drug Enforcement Agency (DEA) monitors all prescribers who write for controlled substances. NPs, pursuant to Section 2836.1 of the Business and Professions Code, are legally authorized to furnish and "order" controlled substances, Schedule II through V.

➤ ***Where can a nurse practitioner find information on controlled substances such as the Drug Enforcement Administration (DEA) and pharmacy laws? Numbers subject to change.***

**US Dept of Justice Drug Enforcement Administration  
Office of Diversion Control**





<http://www.deadiversion.usdoj/drugreg/reg-apps/>

**Pharmacy Board**

DRAFT



## FREQUENTLY ASKED QUESTIONS REGARDING NURSE PRACTITIONER PRACTICE

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➤ ***Does the nurse practitioner need a physician supervisor who is approved by the medical board?***

No. Nurse practitioner laws do not require that the physician supervisor be approved by the Medical Board.

➤ ***I am a pediatric nurse practitioner and the physician wants me to start treating adults. I feel comfortable treating adults, so can we develop standardized procedures to cover this new population, diagnosis/treatments and furnishing?***

You must first be clinically competent to provide care to this new patient population. Clinically competent is defined in California Code of Regulations (CCR) Section 1480(c) as "...to possess and exercise the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice." In this instance, you would have to demonstrate knowledge and skills comparable to those of an adult nurse practitioner. Clinical competence in this new specialty can be achieved by successful completion of theory course(s) and a supervised clinical practicum at an advanced level for the new patient population.

Once competency is achieved, and as required by the Standardized Procedure Guidelines (CCR 1474), the standardized procedures for the adult population must specify the experience, training, and/or education, which enables you to provide the care to diagnose and treat this population. The method used to establish initial and continuing evaluation of your competence to perform the standardized procedure functions must also be specified.

➤ ***How often do my standardized procedures need updating?***

The standardized procedures should be updated frequently enough to ensure that patients are receiving appropriate care. Factors to consider in making the determination include, but are not limited to, patient population and acuity, treatment modalities, and advances in technology affecting the patient population pharmacology and technology.

➤ ***Can I adopt my nurse practitioner program's standardized procedures as my own when I go out into practice?***

If the nurse practitioner program's standardized procedures meet the requirements of the Standardized Procedure Guidelines (CCR 1474) and are approved by nursing, administration, and medicine at the agency, then they may be used.

➤ ***I am a geriatric nurse practitioner and work with a physician who has patients in a number of nursing homes. We have developed standardized procedures for the medical care I will be providing in these facilities. Do the standardized procedures have to be approved by each facility?***

Yes. Standardized procedures are agency specific and must be approved by nursing, administration and medicine in the agency in which they are used.

➤ ***I am certified as a nurse practitioner by a national certifying body. Do I need to apply to the BRN for a nurse practitioner certificate?***

Yes, you do if you use the title "Nurse Practitioner" (NP) because BRN certification is required if you "hold out" as an NP in California. You also need to apply to the BRN for a certificate if you are certified in another state as an NP and wish to use that title in California.

➤ ***Can a nurse practitioner develop and use standardized procedures with a chiropractor? Can the nurse practitioner furnish drugs and devices to these patients?***

No. The law restricts use of standardized procedures to performance of medical functions; therefore, the standardized procedures cannot be developed solely by the nurse practitioner and chiropractor. However, the chiropractor can be part of the interdisciplinary team including the supervising physician, which must include nursing, administration, and medicine that develops the standardized procedures. Nurse practitioners may not furnish drugs or devices to the patients of a chiropractor. The nurse practitioner furnishing law requires that the standardized procedures or protocols be developed by the nurse practitioner and his or her supervising physician and surgeon, (B&P Code Section 2836.1 ~~(a)~~).

➤ ***May I call myself a nurse practitioner once I have completed my nurse practitioner program?***

No. You cannot use the title nurse practitioner until you have been certified by the BRN as a nurse practitioner. Furthermore, registered nurses who use the title without BRN certification subject their licenses to Board discipline.

➤ ***I am a nurse practitioner and I do not have a nurse practitioner furnishing number. Can I still "furnish" medications for patients using a standardized procedure?***

No. There is explicit statutory language related to furnishing of drugs and devices by nurse practitioners (NPA, Article 8). The furnishing of drugs and devices by nurse practitioners is conditional on issuance of a furnishing number to the nurse practitioner by the BRN. The furnishing number must be included on all nurse practitioner transmittal orders for drugs or devices prescriptions transmittal order forms.

➤ ***What are the provisions of the Therapeutic Abortion Act that nurse practitioners need to know?***

The Reproductive Privacy Act (SB 1301, Kuehl, Chapter 385, 200~~3222~~) deletes the provisions of the Therapeutic Abortion Act, among other things including the name of the act. The changes are found in Business and Professions Code Section 2253 and allow registered nurses, certified nurse practitioners, and certified nurse midwives to assist in the performance of a surgical abortion and to assist in performance of a non-surgical abortion. (SB 1301 Kuehl, Chapter 385, effective September 5, 2002).

The nurse practitioner may perform or assist in performing functions necessary for non-surgical abortion by furnishing or ordering medications in accordance with approved standardized procedures. ~~(authority SB 1301 Kuehl, Chapter 385 effective September 5, 2002)~~

➤ ***Can a nurse practitioner request and sign for complimentary samples of dangerous drugs and devices from a manufacture's sales representative?***

Yes, the certified nurse practitioner and the certified nurse midwife may sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocol that has been approved by the physician. ~~(authority SB 1558, Figueroa Chapter 263 effective August 24, 2002).~~

➤ ***Can the certified nurse practitioner and the certified nurse midwife supervise Medical Assistants?***

Yes, the NP or CNM may supervise the medical assistant in "community clinics" or "free clinics". The supervision of medical assistants by NPs and CNMs is in accord with those supportive services the medical assistant is authorized to perform. ~~(authority B&P Code 2069 (a)(1) and Health and Safety Code 1204 (A) (B)).~~

➤ ***Can the nurse practitioner cosign worker's compensation claimant report?***

Yes, the certified nurse practitioner may cosign Doctor's First Report of Occupational Injury or Illness for a workers' compensation claim to receive time off from work for a period not to exceed three (3) calendar days if that authority is included in standardized procedures or protocols. The treating physician is required to sign the report and to make any determination of any temporary disability. ~~(authority AB 1194, Chapter 229 Correa effective January 1, 2001.)~~ (AB 2919 (Ridley-Thomas) extends the operations of this provision indefinitely).

➤ ***How do I find out about third party billing, especially medicare and medi-cal?***

**Northern California  
Medicare**  
620 "J" Street  
Marysville, CA 95901  
(877) 591-1587

**Southern California  
Medicare**  
P.O. Box 54905  
Los Angeles, CA 90054-0905  
(866) 502-9054

**Medi-Cal**  
(916) 323-1945  
EDS 1-800-544-5555  
Provider Information

*These numbers all have recorded responses and they are subject to change.*

### **Furnishing Questions**

➤ ***What is a formulary?***

A pharmacy formulary is generally regarded as a drug compendium reference utilized by facilities or health plans as a reference. The drug name, dosage, clinical indications, and complications/adverse reactions are generally included. It is most common for the health insurer to identify by means of a formulary those drugs and devices covered by the plan. Nurse practitioners using furnishing numbers can identify a formulary(ies) in their furnishing standardized procedure.

➤ ***What are the requirements for an NP to furnish or order Schedule II controlled substances?***

The NPs standardized procedure and protocols address the diagnosis of illness, injury or condition for which the Schedule II controlled substance is to be furnished. The standardized procedure or

protocol for Schedule II contains patient-specific protocol approved by the treating physician. The NP with a current furnishing number, and DEA registration, completes as a part of his or her continuing education requirement, a course including Schedule II controlled substances based on the standards developed by the BRN. (AB 1196 [MontinezMontañez](#) Chapter 748 1/2004)

➤ **What is a “patient-specific protocol” for Schedule II and III controlled substances?**

The patient-specific protocol required for nurse practitioners to furnish Schedule II and III controlled substances, as defined in Health and Safety Code 11055 and 11056, is a protocol, contained within the standardized procedure or protocols, that specifies which categories of patients may be furnished this class of drugs. The protocol may state other limitations, such as the amount of substance to be furnished, and/or criteria for consultation. (AB 1196 [MontanezMontañez](#) Chapter 748 1/2004)

➤ **In my furnishing procedure, do I need to list the drugs and devices that can be furnished or can I use categories of drugs?**

The law requires the identification of the drugs and devices in standardized procedure or protocol. No, ~~I~~ the nurse practitioner cannot use a category of drug to meet the furnishing requirements. The law states:

The standardized procedures or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish drugs or devices, **which drugs or devices may be furnished**, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner’s competence, including peer review, and review of the provisions of the standardized procedures. (NPA, Section 2836.1) (Emphasis added.)

➤ **How many nurse practitioners, with a furnishing number, may a physician supervise at one time within a medical practice?**

The furnishing law requires that the physician supervise no more than four nurse practitioners at a time. If the nurse practitioners are not furnishing, there are no limitations on the number of nurse practitioners the physician may supervise. (B&P Code Section 2836.1)

➤ **I am certified as both a nurse practitioner and a nurse midwife. Do I need to have two furnishing numbers?**

The BRN does not require you to maintain two furnishing numbers. NPs and CNMs are required to have approved furnishing standardized procedures. However, the furnishing laws are different in their authorizations.

## DEA Questions

➤ **The DEA application asks for “State License No.”. Which number, RN license number or NPF number, should the NP put on the application?**

The DEA requires the RN license number and the NPF number.

➤ **The DEA application asks for a business address. Can the NP use a work address or personal address?**

The DEA requires a business address that is the physician’s address or clinic’s address for the DEA Registration Number. The DEA Number is clinic site specific for dispensing, prescribing and administering purposes. If you leave your place of employment, you must submit written notification to the DEA Office with a copy of your DEA Number, the California RN license and the NP Furnishing Number certificate. If you go to another clinic, you must submit a written request for change of address to the DEA. If the physician or office clinic has two locations (business addresses), the primary clinical site should be referenced for the DEA Registration Number.



~~– Keep in mind that NPs cannot furnish in the solo practice of a nurse practitioner or nurse practitioners. (DEA requirement)~~

➤ **Does the NP need a furnishing number issued by the BRN to obtain a DEA number?**

Yes, an NPF number is required to obtain a DEA number for Schedule II through V controlled substances. (AB 1196 [MontanezMontañez](#) Chapter 748 1/2004 added Schedule II controlled substances)

The provisions of SB 816 added “order” to Business and Professions Code, Section 2836.1. SB 816 did not change the requirement to furnish using standardized procedures for controlled substances, Schedule III, IV, and V.

➤ **Does having a DEA number eliminate the need for a furnishing number?**

No, the DEA number only allows NPs to write “order” controlled substances, Schedule II, III, IV, and V. NPs are required to have a furnishing number to make drugs and devices available to their patients using a transmittal form (prescription pad) and are to be furnished pursuant to approved standardized procedures. DEA registration numbers are site specific and used by the DEA for tracking prescribing of controlled substances.

➤ **On the DEA application, it asks “Administer, Dispense, Prescribe”. Can an NP as a result SB 816 and now 1/2004 AB 1196 [MontanezMontañez](#) Chapter 748 prescribe?**

Yes, the B&P Code refers to furnishing or ordering a Schedule II through V controlled substance for the purposes of obtaining DEA registration.

➤ **Are NPs now considered “prescribers”?**

For the purpose of obtaining a DEA number for (ordering) Schedule II, III, IV, V the NP with a furnishing number is considered by the DEA to be a prescriber.

➤ **Can the NP with a furnishing number use the physician’s DEA number?**

No, the NP with a furnishing number may not use the physician’s DEA number. The new law requires the nurse practitioner with the furnishing number to obtain his or her own DEA number to furnish controlled substances.

➤ **What is required to be printed on the prescription pad/transmittal order/drug order for Schedule II through V?**

When furnishing a controlled substance, Schedule II, III, IV, or V, write the “order” and include your name, title, furnishing number, and DEA number. ~~The law still requires the supervising physician to be identified on the transmittal order for the purposes of the label on the container. The NP’s name will also be displayed on the container as a result of AB 1545. The name of the prescriber or the name of the certified NP who functions pursuant to standardized procedures.~~

➤ **How long is a controlled substance prescription (Schedule II –V) valid?**

The controlled substance prescription is valid for 6 months from the date of issuance. (SB 151 Burton Chapter 406 1/2004)

➤ **Do nurse practitioners have prescriptive authority and can nurse practitioners get DEA numbers?**

Furnishing is a delegated authority and is done in accordance with approved standardized procedures. Physician supervision is required and the physician must be available, at least by telephonic means, at the time the nurse practitioner examines the patient.

AB 1196 [MontanezMontañez](#) Chapter 748 1/2004 expands NP furnishing to Schedule II controlled substances that requires a United States Drug Enforcement Registration in addition to the Schedule

III through V. This new law requires use of a triplicate form and in July 1, 2004, DEA authorized NPs may use the new controlled substance prescription forms for Schedule II controlled substances prescriptions. January 1, 2005, triplicate prescription forms are no longer valid and all written controlled substance prescriptions (oral or faxed for Schedule II through V are permitted) shall be on controlled substance prescription forms. (SB 151, Burton 406 1/2004).

SB 816, Chapter 749, (Escutia), effective January 1, 2000, authorizes NPs with furnishing certificates to apply for a DEA number and furnish or order Schedule III-V controlled substances. The new law added "order" ~~or~~ and "drug order" to Section 2836.1. The intent of this legislation is furnishing can now be known as an "order", and can be considered the same as an "order" initiated by the physician.

The Drug Enforcement Agency (DEA) monitors all prescribers who write for controlled substances. NPs, pursuant to Section 2836.1 of the Business and Professions Code, are legally authorized to furnish and "order" controlled substances, Schedule II, III, IV, V.

Registration with the Federal Drug Administration (DEA) can be done by calling:  
Los Angeles Field Division: (213) 894-2216 or 1-888-415-9822  
San Diego Field Division: (858) 616-4329  
San Francisco Field Division: 1-888-304-3251

➤ ***Where can a nurse practitioner find information on controlled substances such as the Drug Enforcement Administration (DEA) and pharmacy laws? Numbers subject to change.***

DEA Main office, San Francisco: 1-888-304-3251  
DEA Field office, San Diego: (858) 616-4329  
DEA Field office, Los Angeles: (213) 621-6960  
Board of Pharmacy: (916) 445-5014





**Medi-Cal Billing  
Certified Nurse Practitioner  
Nationally Certified in a Specialty  
Effective January 1, 2007**

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Legislative Information Website: <http://leginfo.ca.gov>

14132.41(a) Services provided by a certified nurse practitioner shall be covered under this chapter to the extent authorized by federal law, and subject to utilization controls. The department shall permit a certified nurse practitioner to bill Medi-Cal independently for his or her services. If a certified nurse practitioner chooses to bill Medi-Cal independently for his or her service, the department shall make payment directly to the certified nurse practitioner.

(b) For purposes of this section, "certified" means nationally board certified in a recognized specialty. (AB 1591 (Chan) Chapter 719 amends Section 14132.41 of the Welfare and Institutions Code)

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services, pursuant to which medical benefits are provided to the public assistance recipients and certain low-income persons. Existing law provides that services provided by a certified nurse practitioner are covered under Medi-Cal program to the extent mandated by federal law, and requires the department to permit a certified family nurse practitioner or certified pediatric nurse practitioner to bill Medi-Cal independently for his or her services.



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## Nurse Practitioner Schedule II Controlled Substance

### Education Requirement prior to applying to the DEA for Schedule II Authority

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(Legislation enacted 2004-2005)

Nurse Practitioners wishing to furnish Schedule II controlled substances are required to complete a Board of Registered Nursing approved continuing education course or successfully complete the required pharmacological content for Schedule II controlled substances in a board approved nurse practitioner educational program. The Board of Registered Nursing requires a minimum 3-hour approved continuing education course or minimum 3-hour Schedule II pharmacology content in a board approved NP educational program. The Board of Registered Nursing is required to verify each nurse practitioner's completion of the required Schedule II controlled substance continuing education or NP educational program curriculum content.

Each nurse practitioner applying for Schedule II furnishing privileges **must** submit to the Board:

- Written request for Schedule II furnishing privileges that include your name, address, and nurse practitioner furnishing number.
- Photocopy of the continuing education completion certificate and or NP educational program verification of Schedule II curriculum course content. Include the detailed course outline if requested to do so by the BRN.

Please mail to: Board of Registered Nursing  
Advanced Practice Unit  
1625 North Market Blvd., Suite N-217  
Sacramento, CA. 95834-1924

The Board of Registered Nursing will process your request for Schedule II furnishing privileges upon receipt of documentation regarding the continuing education course or NP educational program curriculum content Schedule II, including a detailed course outline, and your written request. **The DEA will process all NP applications after accessing the Board's web site to insure that Schedule II privileges have been added to your nurse practitioner furnishing number.**

Assembly Bill 1196, (Montanez) Chapter 748 effective January 1, 2004 amended the Business and Profession Code, Section 2836.1 Furnishing Drugs and Devices to include authority for furnishing or "ordering" Schedule II controlled substances under the California Uniform Controlled Substance Act. The Schedule II controlled substance amended into the Business and Professions Code, Section 2836.1 added specialized educational requirements and additional requirements in the nurse practitioners approved Standardized Procedures for practice.

Schedule III, IV, V controlled substance authority for the furnishing nurse practitioners was granted as a result of SB 816, Chapter 748 effective January 1, 2000. The intent of SB 816, Chapter 748 added "order" and "drug order". The intent of this legislation was furnishing could now be known as an "order" and could be considered the same as an "order" initiated by the physician. This new law effective January 1, 2000 required the NP who has a furnishing number to obtain a DEA registration number to "order" controlled substances III, IV, V. Furnishing or "ordering" of Schedule III, IV, V controlled substances requires approved Standardized Procedures.

**Course Description requirements for Schedule II controlled substances:**

1. Focus on Principles of pharmacology that serves as a foundation for the pharmacotherapeutic management of patient whose illness, injury, or condition requires evaluation and treatment using schedule II controlled substances.
2. The pharmacokinetic and pharmacodynamic principles of Schedule II medications commonly used in the diagnosis, prevention, and treatment of health care conditions affecting patients across the life span.
3. Provide a discussion about standardized procedures or protocols requirements for those patient illnesses, diseases, or injuries a patient-specific protocol for Schedule II and III controlled substances.
4. Address the legal requirements for furnishing controlled substances.

**Minimum Course Objectives for Schedule II controlled substances:**

1. Identify the relationship of the natural history of illness, disease or injury, pathophysiology, and symptomatology to pharmacotherapeutic agents commonly used to treat patients with conditions requiring the use of Schedule II medications related to specialty practice.
2. Analyze state laws and federal regulations pertaining to furnishing, dispensing, and administering Controlled Substances Schedule II through V medication by nurse practitioner.
3. Identify components necessary for proper techniques of prescription writing for Schedule II through V consistent with Health and Safety Code and Pharmacy law.
4. Outline the required components of a furnishing standardized procedure or protocol for schedule II and III controlled substance medication in a Patient-Specific Protocol in accord with Business and Professions Code, Section 2836.1. The nurse practitioners' education, experience, and competence to furnish controlled substances must be included.
5. Describe ethical and legal standards and ramifications of prescribing controlled substances.

**BOARD OF REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8637 | [www.rn.ca.gov](http://www.rn.ca.gov)

**Louise R. Bailey, MEd, RN, Executive Officer**



April 26, 2011

Surani Hayre-Kwan RN, MSN, FNP  
President, CANP

Patient Care Director  
Perioperative Services, Pharmacy & Environmental Services  
Sutter Medical Center Santa Rose  
3325 Chanate Road, Santa Rosa, CA 95404

Dear Surani Hayre-Kwan:

I am requesting CANP provide informational input to the following nurse practitioner advisories. The information provided by CANP to these advisories will be considered by myself, board's legal, the Practice Committee and then to the Board. I would suggest a CANP small work group, using telephone meetings with me to accomplish the work.

- Frequently Asked Questions Regarding Nurse Practitioner Practice
- Explanation of RN Scope of Practice and Nurse Practitioner Practice
- An Explanation of Standardized Procedures Requirements for Nurse Practitioner Practice.
- Advanced Pharmacology Continuing Education Course for Furnishing
- Restraint and Seclusion Orders by Nurse Practitioners (Medicare Conditions of Participation)

Following CANP content suggestions to the advisories and following board staff review the plan is to have the above advisories on the August 10, 2011 agenda. The August 20, 2011 Practice Committee meeting will be held at DCA Headquarters, 1625 N Market Blvd Hearing Room S-102, Sacramento, CA 95834. Due to BRN staff workload the advisories needs to be completed by July 1, 2011 for the August 10, 2011 Practice Committee meeting.

At the April 13, 2011 Board meeting the following nurse practitioner advisories were approved: Clinic's Eligible for Licensure; General Information: Nurse Practitioner Practice; and Nurse Practitioner in Long-Term Care Settings.

Nurse Practitioner & Nurse-Midwives Supervision of Medical Assistant was re-approved 9/2010 with clarification that the NP/CNM can provide the supervisory medical function delegated by the physician when the physician is not on site and is further limited to those clinics under Health and Safety 1204.

Thank you and CANP for your review work.

Best Regards

Janette Wackerly, MBA, RN, NEC  
Liaison Practice Committee  
Board of Registered Nursing